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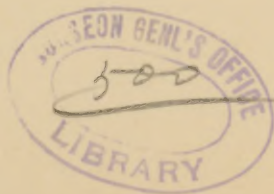
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A CASE OF HYPEREMESIS GRAVIDARUM TERMINATING IN RECOVERY AFTER AN INDUCED ABORTION OF TWINS.¹

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VARIOUS and many are the theories that have been proposed in regard to the etiology of hyperemesis gravidarum, but as a matter of convenience they may be divided into two classes. The first is that in which there are local lesions present, such as displacements and flexions of the uterus, erosions, lacerations, and various structural degenerations of the cervix uteri. Among this class the various lesions of the gastro-intestinal tract must also be included. The other class comprises those cases in which no visible or symptomatic local lesions exist. The simple uncomplicated cases that occur in women of a neurotic type are considered as neuroses. In the first class of cases treatment should be directed to the local lesions present, and their cure generally results in an amelioration, if not an entire cessation of this affection. In the second class, however, treatment, to be of any avail, must be of the most diverse kind, and must be chiefly directed to the hyperesthetic nervous system, with a view of sustaining, strengthening, and increasing its resistance to the added strain. Under the burden of our modern civilization the sensitive nervous system is generally the first to suffer, and

¹ Read before the Alumnæ of the Woman's Medical College, May 5, 1893.



consequently we have developed a state of lessened resistance, which perhaps may be better expressed in the more familiar term of neurasthenia. Under ordinary conditions the individual may not be conscious of this state of lowered vitality, but when pregnancy occurs in such a one the delicate nervous apparatus shows an abnormal sensibility to the physiologic change that manifests itself in various reflex phenomena. When in connection with this lessened resistance there exists a local lesion either of the organs of generation or of the gastro-intestinal tract, the effect will be all the more marked.

In the ordinary vomiting of pregnancy the food that has just been taken is vomited without much effort, and there is an absence of nausea and ptyalism, thus showing that the higher nervous centers are not involved in the action; it is merely a reflex act, peripheral in origin, the afferent impulses proceeding from the stomach; it does not extend beyond the vomiting and respiratory centers in the medulla. On the contrary, however, when nausea and ptyalism coëxist with this act the afferent impulses proceed from the higher nervous centers, and the act of vomiting occurs independently of impulses received from the stomach. Therefore, as nausea and ptyalism are always present in any case of severe vomiting of pregnancy, it shows that the nervous system is mostly at fault, and that there is a lack of coördination between the higher nervous centers that manifests itself by this abnormal action of the alimentary canal.

I shall not attempt to enumerate the drugs that have been used in this affection; their name is legion; it is enough to say that those remedies that act as sedatives to the nervous system, such as bromids, chloral, and opium, have yielded the best results.

It is understood that if there be a local lesion present treatment must, if possible, be directed toward its removal. Varied, strange, and amusing, indeed, are some of the accounts of the treatment of this disease.

A Frenchman reports a desperate case successfully cured by hypnotism; a Russian, the cure of an equally serious case by injections of morphin into the fetal sac.

I shall now report a case that came under my own observation. The patient, M. T., is an American, of pronounced neurotic type; her family record is not good, as shown by the following history. The father died of pulmonary tuberculosis shortly before the daughter's birth; one brother has since died of the same disease, and another one is at present suffering with it. A sister died of convulsions (cause unknown) during a pregnancy; the mother is still living, and has always been an inveterate alcoholic. The personal history of this woman is as follows:

She had always been healthy until puberty, which occurred at sixteen years of age; she then had a violent attack of chorea, for which she remained at the Orthopedic Hospital three months under the care of Dr. Wharton Sinkler; she was married at eighteen, and shortly became pregnant. Up to the eighth month of pregnancy vomiting and ptialism existed to a profound degree. About one year after the birth of her child she had an attack of typhoid fever. One month after recovery from this disease she again became pregnant, and vomiting and ptialism again made their appearance, but in a more aggravated form, so that at one time her attending physician, the late Dr. Elijah B. Shapleigh, considered the advisability of an abortion, but as her condition gradually improved the idea was abandoned. I saw her on the 18th of March, 1892. She stated that she was pregnant for the third time, and that she thought she had been so for about six weeks, as she had seen nothing of her menses since the 10th of February. Vomiting, nausea, and ptialism had been present for about four weeks, and these derangements had so steadily increased in severity that not even water could

be retained on the stomach. The mere sight of water was sufficient to cause a flow of saliva, and then the effort made to swallow it would bring on an attack of vomiting. This flow of saliva was so profuse that, without exaggeration, in a few hours a quart could be collected by allowing it to dribble into a basin. Calomel, cerium oxalate, bismuth subnitrate, wine of ipecacuanha, cocaine hydrochlorate, soda-water, champagne, blisters and sinapisms to the epigastrium; morphin and atropin, hypodermatically; bromids and chloral by the rectum, were successively tried, without producing any effect whatever; the vomiting and ptialism continued incessantly, both by night and by day, and independently of either food or drink. On the morning of the 22d rectal feeding was begun, peptonized milk being used for the purpose; the woman's pulse now rose to 120, and the prostration was extreme. Her physical appearance was most abject; she lay in a profound stupor, only arousing to perform the almost incessant act of vomiting, and during the intervals of the vomiting the saliva dribbling from her mouth over everything. She had marked Cheyne-Stokes respiration, and it was impossible to rouse her.

Dr. Eleanor C. Jones and Dr. F. X. Dercum saw the woman with me on the morning of the 23d. The advisability of performing an abortion was discussed, but we decided to wait a little while before resorting to such an extreme measure. The following plan of treatment was instituted: Opium, bromids, and chloral by the bowel were ordered, to act as sedatives to the nervous system; rectal feeding with peptonized milk, liquid peptones, and whiskey; hypodermatic medication of atropin, strychnin, and digitalis to support her strength. Two days in succession the cervix was dilated with rapid dilators, and iodine was applied to the canal and to the vault of the vagina. High rectal injections were also given, in order to move the bowels thoroughly, so as to

be sure that the vomiting (as the matter ejected sometimes had a characteristic fecal odor) was not due to obstruction of the bowel. The food and medicines given by the rectum were retained and the patient soon began to show some signs of improvement, as she vomited only from about fifteen to twenty times in the twenty-four hours. Dr. Joseph Price saw the patient with me on the 26th; he approved of the treatment pursued, and as her condition was slightly better advised that an abortion be deferred. On the 28th she refused further medication by the hypodermatic method, and the medicines that had been so administered were continued by the bowel, the dosage being doubled. The patient ceased vomiting suddenly on April 1st, after partaking of a lamb chop; she was, however, still partially nourished, as well as medicated, by the bowel. She gradually improved, and by April 6th all medicine and food were taken by the mouth and were retained.

I was again summoned to see her on April 25th, vomiting, ptialism, and nausea having recommenced on the 23d. The same treatment was again resorted to, but this time without any result. She rapidly grew worse, and her condition again became alarming; then the same stuporous state as formerly developed, with occasional intervals of violent delirium; at times her suffering seemed unbearable, and as she threatened to commit suicide she was closely watched. Active interference was postponed from day to day with the hope that this condition would cease as suddenly as before.

On May 8th, after a consultation with Dr. Joseph Price, an abortion was performed. For this purpose two rubber catheters were introduced to the fundus and allowed to remain, the vagina being packed with wool to keep them in place. On the 10th, twins—a boy and a girl—in separate sacs, and from ten to twelve weeks old, were delivered; the placental tissue was adherent; and on the 11th, without ether-

izing her (for she was in a very precarious state), it was detached with the aid of a curet. The uterus was thoroughly washed out with a solution of mercuric chlorid 1:4000. Although the vomiting, nausea, and ptyalism ceased immediately after the expulsion of the contents of the uterus, there was now such extreme prostration and emaciation as to make recovery exceedingly doubtful. Respiration was 50, the pulse 180, the temperature 102°. The treatment was now chiefly directed toward improving the strength, stimulants being freely ordered for the purpose. The woman continued in this condition, with but slight variation in respiration, pulse, and temperature until May 16th, when she had a severe chill, her temperature rising to 104°. She complained of intense pain during urination and defecation, and a physical examination revealed a mass about the size of a hen's egg in the right broad ligament. Large doses of quinin were given her, and cantharidal blisters were applied to the iliac regions, with large douches of hot water for the vagina. An ice-bag was placed over the precordial region, as the heart's action was violent and rapid; this soon made an impression upon this complication. For several weeks following the abortion the patient had various delusions, and at times was so violent that it was difficult to restrain her and impossible to keep her in bed; but as time passed and she regained strength these gradually disappeared. She made a complete recovery in almost two months.

It seems remarkable in this case that after vomiting had once ceased and apparent recovery had taken place vomiting should have again recurred. I know that it is a physiologic law that the child goes on developing at the expense of the mother, no matter what her physical condition may be; but nevertheless I would offer this explanation, that in the absence of all nourishment for several weeks the fetuses developed very slowly, and therefore for a little while the cause of these nervous manifesta-

tions remained in abeyance, but as the nutrition of the mother improved and their development went on in a more vigorous manner the same conditions presented themselves. I am also of the opinion that if there had been but a single pregnancy it would have gone to full term as previously, but the reflex irritation, produced by the more rapidly developing uterus under the conditions mentioned, being so much greater, the nervous system could not resist it. At the seventh week of pregnancy the uterus was so much larger than one would expect at that period that she was told that she must be mistaken in regard to the time, *i. e.*, was further advanced than she thought, but she assured us positively that she was right, and of course the possibility of a twin pregnancy never occurred to us.

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